

**HEARING AID DISPENSERS BUREAU**

P.O. Box 980490, W. Sacramento, CA 95798-0490  
 Telephone: (916) 574-7990 Fax: (916) 574-8645

**CHANGE OF ADDRESS REQUEST**Business ☐Home ☐Both ☐

Name	License No.	Social Security Number
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Business Name

Business Address Number and Street

City	State	Zip Code	Telephone Number (     )
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Home Address Number and Street

City	State	Zip Code	Telephone Number (     )
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***I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Business and Professions Code section 3362 (a) requires each licensee to notify the Hearing Aid Dispensers Bureau in writing of the address where he/she is to engage in the fitting or selling of hearing aids **before** engaging in the practice of fitting or selling hearing aids and to notify the Bureau of any changes in his/her place of business.

Revised 12/99